Name in Full

Certificate of Death

No. 3 Bishop

Died at Town: Olney County: Montgomery MARYLAND

Date 1899 Month: September Day: 27° Age Y. M. D.: 6 Native of: Olney Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living: two

Husband of Wife

Father's Name: Flodarda Bishop Mother's Name: Bettie Bond Bishop

Cause of Death: Primary: Prog. Obstruction Liver ducts How long sick: 5 hours

Immediate: Convulsions. 92 Accident, Suicide, Homicide

Reported by: Chas. Farquhar, M.D.

Address: Olney Montgomery Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Magnolia Bissett

Certificate of Death

Died at Town Great Falls County Montg. MARYLAND

Date 189 9 Month Sept. Day 9" Age ~~Y.~~ M. 9 ~~D.~~ Native of Md. ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name J. W. Bissett

Mother's Name Mary M. Bissett

Cause of Death Primary Dysentery 82

Immediate 82

How long sick 2 Months

~~Accident, Suicide, Homicide~~

Reported by W. F. Pratt M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Mrs Sarah C Bolton

Certificate of Death

Died at Town: Cedar Grove County: Montgomery MARYLAND

Date 189 9 Month: Sept Day: 7 | Age Y. 5-63 M. 22 D. | Native of Maryland | Occupation Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 8

Husband / Wife of William Bolton

Father's Name John H. Suddath | Mother's Name Mary Mathis

Cause of Death: Primary 22a. | How long sick Several Months

Immediate Consumption | ~~Accident, Suicide, Homicide~~

Reported by William A Waters. M D

Address Germantown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

Name in Full

Reuben S. Burriss

Certificate of Death

Died at Town: Layhill P.O. County: Montgomery MARYLAND

Date 1899 Month: Sept Day: 18 Age Y. 7 M. D. Native of Md Occupation child

Male / ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name: Richard J 4

Mother's Name: Cora E. Burriss

Cause of Death: Primary: Spasms 49 How long sick: 4 yrs

Immediate: Spasms

~~Accident, Suicide, Homicide~~

Reported by J. C. Browne

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

attended by

Dr [illegible]

Jones

Kensington

Md.

Information herein

given by

Richard J Burris

Layhill Md.

J. C. Grooms

Rockville Md

Name in Full Elenor Gayley

Certificate of Death

Died at Town Kensington County Montgy MARYLAND

Date 1899 Month Sep. Day 30 Age Y. 36 M. D. Native of Penn Occupation Lady

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife x

Father's Name James F. Gayley M.D.

Mother's Name x

22e

Cause of Death Primary Potts Disease (Tubercular)

Immediate Exhaustion

How long sick 5 yrs

~~Accident, Suicide, Homicide~~

Reported by W. L. Lewis M.D.

Address Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mrs Angelica Griffith

Certificate of Death

Died at Town: Beallesville, County: Montgomery, MARYLAND

Date 189 Month: Sept. Day: 15th | Age Y. 70 M. D. | Native of Maryland | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living None

Husband / Wife of Howard Griffith

Father's Name John Young

Mother's Name

Cause of Death: Primary 57 | How long sick Suddenly

Immediate Organic Heart Disease | Accident, Suicide, Homicide

Reported by D. N. Waring M.D.

Address Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Higgins

Town: Randolph County: Montgomery MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Sept	12th	82			Maryland.	

Date 1899

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Benjamin F Higgins

Father's Name O. F. Wilson

Mother's Name Elizh. Wilson

Cause of Death: ~~Primary~~ 5-2

Immediate: Progressive Paralysis

How long sick: Two years

~~Accident~~, Suicide, Homicide

Reported by E E Stonestreet M D

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65666

Name In Full Virginia F. Hill — Certificate of Death

Died at Town Cropley County Montg' MARYLAND

Date 189 9 Month Sept. Day 13" | Age Y. 1 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

~~Husband~~ ~~Wife~~ of —

Father's Name Alexander Hill | Mother's Name Mary Hill

Cause of Death — Primary — Immediate Dysentery 84 — How long sick 37 days.

~~Accident, Suicide, Homicide~~

Reported by W. J. Pate M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Charles Julian Hopkins.

Certificate of Death

Died at Town Bethesda County Montgomery MARYLAND

Date 1899 Month Sept. Day 4th | Age Y. M. D. 1 - 8 | Native of D. C. | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Unknown. Mother's Name Julia B. Hopkins

Cause of Death Primary Marasmus. How long sick One month.

Immediate 82 Accident, Suicide, Homicide

Reported by J R Wellington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Mrs. Sarah Frances Marshall

Died at Town: Brookeville County: Montgomery MARYLAND

Date 1899 Month: 9 Day: 5

Age Y.: 36 M.: 10 D.: 12

Native of: Md

Occupation: Housekeeper

~~Male~~ Female

~~White~~ Colored

~~Married~~ ~~Single~~ ~~Widow~~ Widower

~~Divorced~~

Number of children living: 7

~~Husband of~~ ~~Wife~~ Wife of Singleton N. Marshall

Father's Name: Geo. Copeland

Mother's Name: Lucinda Copeland

Cause of Death — Primary: Typhoid fever

How long sick: 7 or 8 weeks

Cause of Death — Immediate: Sudden Cardiac failure

~~Accident~~ Suicide, ~~Homicide~~

Reported by: Dr. W. F. Greene

Address: Brookeville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full

Certificate of Death

Willie Melliss Meade.

Died at Town Bethesda County Montgomery MARYLAND

Date 1899 Month Sept. Day 10 | Age Y. M. D. 10-9 | Native of Dist. Columbia | Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Unknown

Mother's Name A. C. Meade.

Cause of Death: Primary Congenital Syphilis. 24

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. R. Wellington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

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Certificate of Death

Elizabeth Miller

Died at Town Brookville, County Montgomery Co., MARYLAND

Date 1899 Month Sept. Day 6 | Age Y. 83 M. D. | Native of Rockville | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ ~~Wife~~ of John R. Miller, deceased

Father's Name Wm Jarvis Roberts | Mother's Name Elizabeth Roberts

Cause of Death: Primary Senile debility — How long sick 9 months

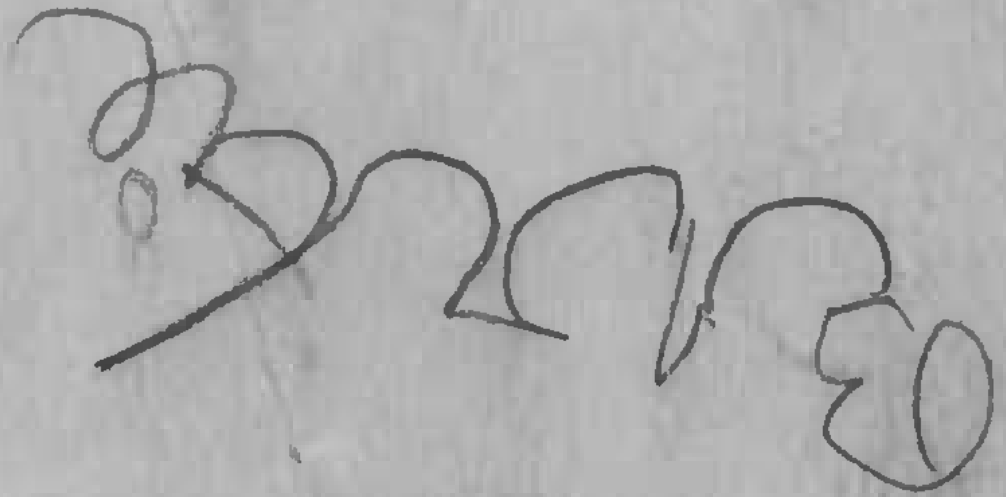
Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by M. L. Anderson, M.D.

Address Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name in Full — Certificate of Death

Emma Thomas Ricketts

Died at Town: Near Middlebrook — County: Montgomery — MARYLAND

Date 1899 — Month: Sept. — Day: 29 — Age: Y. 68 M. 1 D. 14 — Native of: Maryland — Occupation: farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — Widower — ~~Divorced~~ — Number of children living 2

Husband / Wife of Martha Jane Ricketts

Father's Name — Mother's Name

Cause of Death — Primary: Pneumonitis 72 — Immediate: 11 — How long sick: 20 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. C. Atchison

Address Gaithersburg Montgomery Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65560

Name in Full

Certificate of Death

Ollie Robertson

Died at Rockville (Town) Montgomery (County) MARYLAND

Date 189 9 Month Sept. Day 15th | Age Y. 13 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Samuel Robertson | Mother's Name Ollie Robertson

Cause of Death { ~~Primary~~ | How long sick

Immediate Intussusception (bowel) 86 | Accident, Suicide, Homicide

Reported by E. E. Stonestreet M. D.

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full

Certificate of Death

Milliard Smallwood

Town

County

Died at Linden Montgomery MARYLAND

Date 189 9 Month 9 Day 6 | Age Y. 17 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Wm Smallwood

Mother's Name 1

Cause of Death { Primary Typhoid fever | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Marlboro Gazette 9-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Edward Stevenson

Died at Town Rockville County Montgomery MARYLAND

Date 1899 Month Sept Day 5th Age Y. 49 M. 4 D. Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 6

Husband of ~~Wife~~

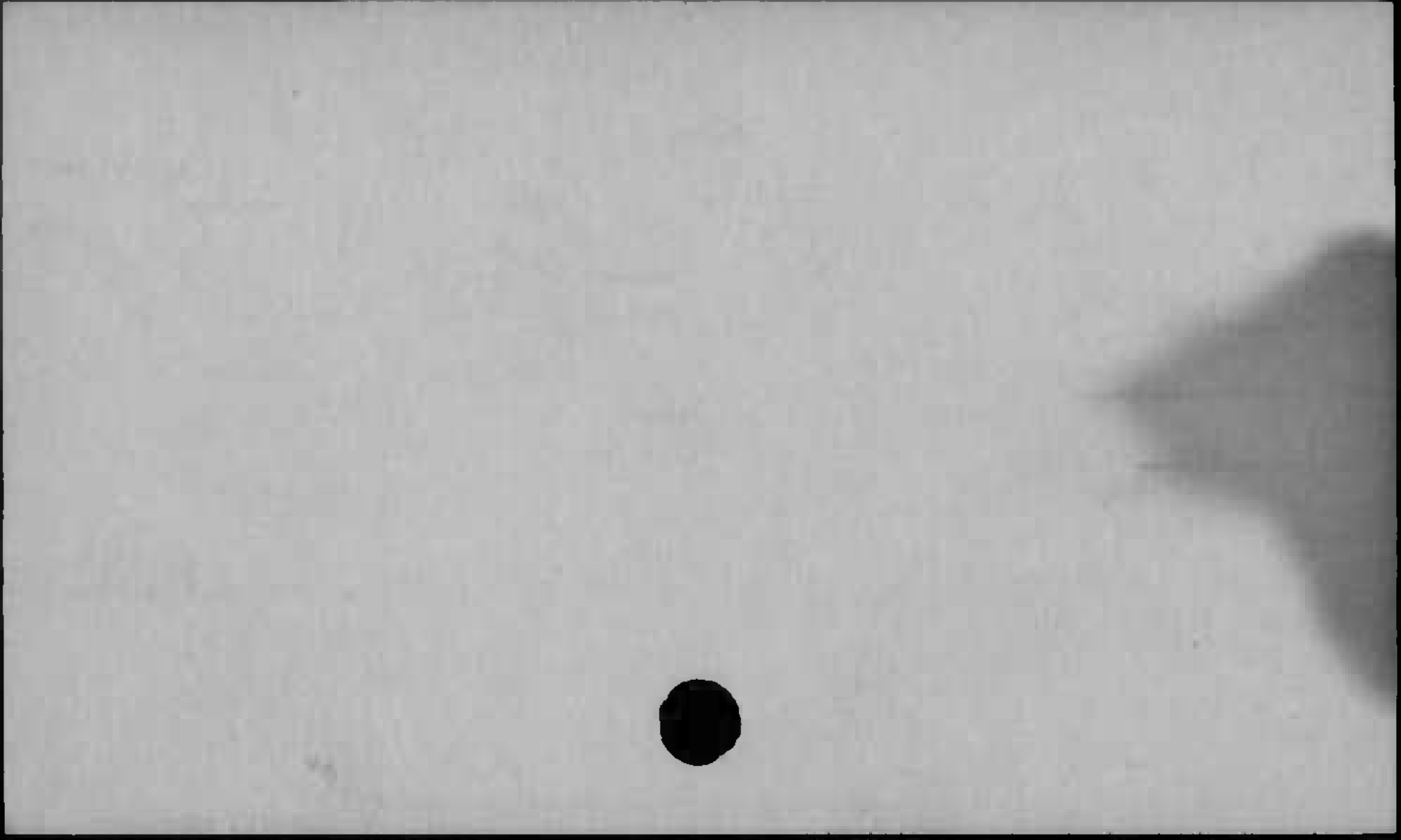
Father's Name — Mother's Name 22a

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 6 mo.

Immediate — Accident, Suicide, Homicide

Reported by O. M. Linthicum M D

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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